

# **KENTUCKY REGISTRAR GUIDELINES**

**REVISED 11-2008**



# REGISTRAR GUIDELINES

REVISED 11/2008

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# **VITAL STATISTICS DIRECTORY**

**275 East Main Street  
Frankfort, KY 40601  
(502) 564-4212  
Fax (502) 564-5755**

## **QUALITY ASSURANCE REPRESENTATIVES**

ext. 3980  
ext. 4425  
Fax (502) 564-9398

## **AMENDMENTS**

Ext. 6008 General Voice Mail  
Supervisor, ext. 3989  
ext. 3990  
ext. 3991  
ext. 3993

## **ADOPTIONS**

Supervisor, ext. 3992

## **NEW BIRTH**

Supervisor, ext. 3253

## **DEATH**

Supervisor, ext. 3983

## **CERTIFICATION (Problems with Orders)**

Certification Section Supervisor, ext. 3978  
ext. 3216

## **VROS (Place an Order by Credit Card)**

**(888) 782-8759**

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## CONFIDENTIALITY

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*Emphasis should be placed on the confidentiality of vital records. Local registrars and their deputies shall protect the information on vital records from unwarranted or indiscriminate inspection or disclosure. There should be no accessing of confidential information except in order to perform specific health department job duties. All original certificates, county copies, and other documents containing confidential information should be kept in a secure area. All Health Department Confidentiality Agreements should include the confidentiality of vital records.*

**Authority: KRS 213.131, KRS 194.060, KRS 213.911, KRS 434.840 to .860**

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## **Responsibilities of the Local Registrar**

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The Local Registrar is a representative for the Office of Vital Statistics and should follow all procedures and practices established by the State Registrar. Common practices that the local registrar shall perform are as follows:

- ◆ Appoint deputy registrars as needed for Local Health Departments as well as Nursing Homes and Health Care facilities to provide for an efficient county vital statistics program.

**Authority: KRS 213.036(3)**

- ◆ Provide vital statistics forms and instructions to those persons responsible for their completion.

**Authority: KRS 213.036(4)**

- ◆ Review and edit birth and stillbirth certificates, and declarations of paternity for completeness and accuracy before acceptance for registration. Keeps files of all provisionals, forms, and instructions.

**Authority: KRS 213.036(4), KRS 213.046(1), KRS 213.041(3)**

- ◆ Transmit records to the state registrar within time limits set forth by state laws and regulations or as otherwise directed by the state registrar. Maintain records on a local level.

**Authority: KRS 213.036(2)(4), 901KAR5:070 Section 1(2)**

- ◆ Mail copies of birth and stillbirth certificates to other local registrars if the mother's county of residence is different from the county of birth.

**Authority: KRS 213.036(2)(4)**

- ◆ Aid in the preparation of birth certificates when the birth occurs outside of an institution.

**Authority: KRS 213.046(1)(6)**

- ◆ Preserve local copies of birth and stillbirth certificates and maintain files and indexes in a systematic manner as prescribed by the state registrar to assure reasonable uniformity within the state.

**Authority: KRS 213.036(4), KRS 213.076(12), KRS 213.081**

- ◆ Provide for voluntary acknowledgment of paternity services

**Authority: KRS 213.036(5)**

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**Responsibilities of the Local Registrar (cont.)**

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- ◆ Review the Death Index (Report 677) on a quarterly basis and report delinquent funeral homes to the state office.

**Authority: KRS 213.036(2)**

- ◆ Ensure all reporting facilities properly file the provisional reports of death.

**Authority: KRS 213.076(1) (a) (b), (11)**

- ◆ Issue permits for disinterment and reinterment within the same cemetery.

**Authority: KRS 213.076(12), 901 KAR 5:090 Section 2**

- ◆ Maintain retention files for death index (permanent), disinterment permits (permanent), and cremations (5 years).

**Authority: KRS 213.031(1)**

- ◆ Coordinate with state personnel in enforcing state laws and regulations relating to vital events in each county.

**Authority: KRS 213.031(1), KRS 213.036(2)**

- ◆ Coordinate with state quality assurance staff in educating all deputy registrars in their duties, especially those assuming the duties of the local registrar in his or her absence.

**Authority: KRS 213.031(1), KRS 213.036(2)(3)**

- ◆ Coordinate with state quality assurance representatives in educating local providers (hospital staff, coroners, hospice nurses, funeral home personnel, etc.) in the proper completion of vital records.

**Authority: KRS 213.031(1), KRS 213.036(2)**

- ◆ Provide for security and protection of confidentiality of records.

**Authority: KRS 213.131(1) (5), KRS 194.060, KRS 434.840 to 434.86**

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## Deadlines

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Inaccurate, incomplete or untimely data affects legal and statistical requirements in the vital statistics program. Certain deadlines must be met to ensure an efficient system.

1. **Birth and Stillbirth Certificates** - shall be sent to the state Vital Statistics Office within **three (3) working days** of receipt from the hospital. **ATTN: BIRTH REGISTRATION UNIT**
2. **VS-10 (Adoptions and Paternities)** - returned within **five (5) working days** of receipt. **ATTN: AMENDMENT UNIT**
3. **Report 677 (Death Index)** - within **thirty (30) working days** of receipt. **ATTN: (Your Quality Assurance Representative)**
4. **VS-29 (Supplemental Information forms)** - within **five (5) working days** of receipt.
5. **County Copies of Birth and Stillbirth Certificates** – to resident counties within **ten (10) days** of receipt from the hospital

**Authority: KRS 213.031(1)**

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## **Appointment of Local Registrar and Deputy Registrar**

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### **Local Registrar**

The recommendation for local registrar shall come from the administrator of the local or district health department. The request should be in writing on health department letterhead. It shall be signed and dated by the administrator.

**Authority: KRS 213.036. - (1) (2)**

### **Deputy Registrar**

The local registrar may appoint deputies in the health department to help perform vital statistics duties. The local registrar should appoint one (1) deputy registrar in each of the county's hospitals and nursing homes or any health care facility. This deputy registrar is responsible for the completion of the Provisional Report of Death in his or her facility. Appointments of hospice nurses are not necessary since authority is granted to sign provisionals under KRS 314.046.

The local registrar shall send the memo on page 9 or an appointment letter to the state registrar on health department letterhead to nominate a deputy registrar. This letter should include the following information:

- Name of appointee
- Effective date of appointment
- Identify if appointee is a replacement; identify the prior deputy registrar
- Appointee's place of employment
- Address of employment
- Telephone number of appointee's employment
- Signature of local registrar

### **Where to Send**

**Appointment letters should be mailed to the Office of Vital Statistics, Attention: Quality Assurance Field Staff, 275 East Main Street, 1 E-A, Frankfort, KY 40621.**

**Appointment Certificate:** The Quality Assurance Staff will prepare a certificate for each appointee. The certificate will be returned to the local registrar for signature and presentation to the new deputy. The registrar should include a cover letter and the instructional material entitled "Duties of a Deputy Registrar" for appointees that are employed by a hospital or nursing home. (See page 10-13)

**Authority: KRS 213.036. (3)**

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## MEMORANDUM

TO: Paul Royce  
State Registrar of Vital Statistics

FROM: Local Registrar  
\_\_\_\_\_ County

SUBJECT: Deputy Registrar Appointment

DATE: \_\_\_\_\_

Please issue a certificate appointing \_\_\_\_\_  
a Deputy Registrar for \_\_\_\_\_ County.

This appointment is:                new\*  
   replacement for \_\_\_\_\_

\* Please give the following information on new appointments:

Title or Position                    \_\_\_\_\_

Place of Employment              \_\_\_\_\_

Address of Employment            \_\_\_\_\_

\_\_\_\_\_

Work Telephone                    \_\_\_\_\_

DATE

J. Jones, Deputy Registrar  
Dover Manor Nursing Home  
123 Our Street  
Ourtown, Kentucky 40000

Dear J. Jones:

Enclosed with this correspondence is the Certificate of Appointment authorizing you as a Deputy Registrar of Vital Statistics in \_\_\_\_\_ County. In addition, a handout is included to assist in completing your duties as the deputy registrar in (facility name).

Primarily, your responsibilities are to regulate the process of the “Provisional Report of Death” (VS-34) in your facility. You may sign a few blank provisionals that may be used when you are off duty. However, the person responsible for providing provisionals in your absence should be made aware of the procedures necessary to comply with the state law regarding this process.

If you should have any questions, or need assistance, please contact me at (address, telephone number).

Sincerely,

Jane Doe  
Local Registrar

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## Training for Registrars and Deputy Registrars

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### Training for Registrars

Vital Statistics training is available on TRAIN <https://ky.train.org/DesktopShell.aspx> , you can create your account and take the training course at any given time throughout the year. If you have any questions concerning this please contact your Quality Assurance Representative at ext. 3980 or ext. 4425.

Vital Statistics may conduct yearly regional meetings that all registrars and deputies should attend.

### Handout

“Duties of a Deputy Registrar” is an informational handout, explaining the duties of the deputy registrar in a facility such as a hospital or nursing home or any other health care facility. The handout explains how the Provisional Report of Death shall be used when a person dies and the body is released for burial or disposition.

The local registrar will receive the appointment certificate from Frankfort. He or she will then forward the certificate and the handout to the new deputy registrar in the facility.

**(See pages 13 and 14 for examples of information to send to new deputies in facilities)**

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## Duties of the Deputy Registrar in a Facility Where a Death has Occurred

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Each county in the Commonwealth has a Local Registrar. This person has been appointed by the Secretary of the Cabinet for Health Services, to regulate the operation of Vital Statistics in his or her county. It is the local registrar's responsibility to carry out the provisions of the law relating to the registration and filing of births, deaths, and stillbirths. Local registrars have the authority to appoint deputy registrars in each healthcare facility to assist in the efficient operation of Vital Statistics.

The guidelines below are addressed to deputy registrars in these facilities who issue the Provisional Report of Death (VS-34) in order to release a body to a licensed funeral director, licensed embalmer or person acting as such (Coroner, Dep. Coroner, Medical Examiner or family member). The deputy registrar should be familiar with circumstances that may require the coroner's office to be notified. Contact your local coroner for details and procedures that would relate to your facility. In brief, these are:

- a. Deaths or DOA's resulting from drowning, homicide, suicide, or accident, or any violent, sudden or unexplained cause - **any death that does not seem to be natural.**
- b. When cremation is anticipated.

The Provisional Report of Death serves several functions. The provisional should be legible, complete, and accurate. Listed below are the functions it serves:

- a. The provisional is the initial notification that a death has occurred.
- b. It serves as a "receipt" for your facility that the next of kin authorized the body to be released to the proper funeral home.
- c. It gives the funeral director the authority to accept custody of the body and to also transport and/or dispose of the body.
- d. It serves as a legal "contract" stating that the receiving funeral home will secure and file the death certificate with Vital Statistics.
- e. It is the burial permit and gives the date and place of burial.
- f. If cremation is planned, it shows that the coroner has authorized the cremation.  
**Crematories will not accept bodies for cremation unless the coroner has authorized the cremation.**
- g. It provides a "tracking" system for missing or delinquent death certificates.

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## How to Complete the Provisional Report of Death (VS-34)

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**Section A:** List the full legal name of the decedent.  
List the date of death and hour of death (indicate AM or PM).  
List the county where the death occurred and the county the decedent resided in.  
List the age, race, and sex of the decedent (if the decedent is a newborn and there were signs of life, list minutes or hours that infant lived. If decedent was a stillbirth, list age as “stillbirth” and number of weeks gestation the fetus was, do not list age as newborn.)

**FACILITY OR LOCATION OF DEATH:** List the name and complete mailing address of your facility.

**MEDICAL CERTIFIER:** List the name of the **attending physician (not the ER physician)** who cared for this individual for the condition which resulted in the death. Give the physician’s full mailing address. If there is no attending physician, the **coroner** should be called.

**FACILITY NOTES:** Any notes that may be pertinent to this death. (Ex. Coroner called; DNR patient)

**BLOOD AND BODY FLUID PRECAUTIONS ADVISED?** This should always be checked YES

**KODA:** Complete as required by law

**Section B:** Your facilities name should be listed as the facility releasing the remains. List the funeral home, or person acting as such (coroner, deputy coroner, medical examiner or family member), who is taking custody of the body. You need the signature of the next-of-kin, if by phone, have a witness verify the statement by the next-of-kin and sign the provisional. You, the Deputy Registrar, also signs in this section.

**Section C:** The funeral home’s name is entered in this section and the signature of the person picking up the body. In addition, the address must be entered in this section. (**Only a licensed funeral director, embalmer, coroner, deputy Coroner, medical examiner or family member may pick up a decedents body.**)

**AFTER SECTION C HAS BEEN COMPLETED BY THE FUNERAL DIRECTOR:**

The **white** copy of the provisional is given to him or her. This is the permit to transport and dispose of the body.

The facility then sends the **yellow** copy to the local registrar in the county where the death occurred. This should be done on a weekly basis.

The facility retains the **pink** copy in their records for a period of five (5) years.

## HOW TO RE-ORDER FORMS:

### CONTACT THE LOCAL REGISTRAR IN YOUR COUNTY HEALTH DEPARTMENT

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#### Supplying Forms

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#### Registrar's Responsibilities

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##### Maintain Supply

The supplying of forms is one of the most important duties of the local registrar. The local registrar is responsible for providing forms to all providers in the county. There must be an adequate number of current forms on hand to supply a provider upon request. The registrar should have a working knowledge of the number of births and deaths that occur in the county each year and distribute accordingly (i.e.: the hospital delivers 500 births a year, only give them 525-550 per year). A tracking method needs to be set up in order to ensure providers receive the proper number of forms each year. Specific forms (VS-1A, VS-2A, VS-3) are to be given **only** to the provider responsible for their completion (see list of forms to be kept in health department). It is suggested to keep at least a six (6) month supply of all forms. **All forms may be copied except**

**VS-1A&B, VS-2A&B, VS-3A&B, VS-4A&B, VS-34 AND VS-300**

##### Ordering

**SOME** forms are ordered over the Local Area Network (CDS880, "Want to Order Forms"), others can be copied in your office. Please see pg 16. Orders may be submitted on a daily basis. However all orders will be stored until the 20<sup>th</sup> (or prior Friday if the 20<sup>th</sup> is on a weekend) of each month. At that time, health departments will be given one day to review the monthly order (Report 164) and make adjustments. After final review, the orders will be sent to the printing department. When printed, the forms will be shipped to the health departments. All forms (vital statistics, WIC, environmental, etc) will be shipped together.

##### Problems With Order

Contact the CDM2168 Help Desk at (502) 564-7213 ext. 3636 if you have questions or problems regarding the ordering of forms. The list of forms to be kept in the local health department on page 16 should be kept current.

##### Birth Binders

Blue birth binders are to be ordered by mail at the end of each year through your Quality Assurance Representative. Each binder holds 500 certificates so order accordingly. Counties with a small number of births should use one binder for several years.

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**Authority: KRS 213:036(4)**

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**Forms to have in Local Health Departments**

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**Registrar's Responsibilities**

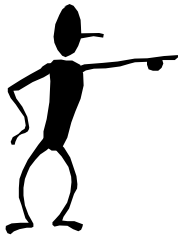
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<b>VS-1A</b>	<b>Certificate of Death</b> - Only to be given to funeral directors. No revision date prior to 05/02 is acceptable for Deaths BEFORE July 15, 2008. NEW DEATH CERTIFICATES FOR DEATHS THAT OCCURRED AFTER JULY 15, 2008.
<b>VS-2A</b>	<b>Certificate of Live Birth</b> - Only to be given to hospitals. No revision date prior to 04/06 is acceptable. <b>MUST BE PRINTED ON 25% COTTON BOND WATER-MARK PAPER.</b>
<b>VS-2B</b>	<b>Information sheet for Certificate of Live Birth</b> - (same as above) PLEASE NOTE THAT EACH BIRTHING HOSPITAL MUST ENTER BIRTHS IN THE KY-CHILD SYSTEM THEREFORE, ONLY NON-BIRTHING HOSPITALS WILL NEED THIS FORM.
<b>VS-3A &amp; VS-3B</b>	<b>Certificate of Stillbirth</b> - (order from State Office of Vital Statistics) <b>only to be given to hospitals.</b> 08/04 revision date. PLEASE NOTE EACH BIRTHING HOSPITAL MUST ENTER ALL STILLBIRTHS THAT MEET THE REQUIREMENTS INTO THE KY-CHILD SYSTEM THEREFORE, ONLY NON-BIRTHING HOSPITALS WILL NEED THIS FORM.
<b>VS-4A &amp; VS-4B</b>	<b>Delayed Certificate of Live Birth</b> - Revision date 09/06
<b>VS-8</b>	<b>Declaration of Paternity</b> - Revision dates of 07/98 or later. Give to anyone who asks for this.
<b>VS-8B</b>	<b>Voluntary Acknowledgment of Paternity</b> – ( <u>Hospitals only</u> ) Revision date of 7/98 or later.
<b>VS-26</b>	<b>Request for Verification of Birth/Death</b> - for AGENCY USE ONLY (Community Based Services, Social Security), request is to be sent to state Vital Statistics Office
<b>VS-31</b>	<b>Application for Death Certificate</b> - general public - <b>MAKE COPIES</b>
<b>VS-31B</b>	<b>Application for Death Certificate for Funeral Directors (color-coded)</b> - funeral directors only
<b>VS-34</b>	<b>Provisional Report of Death</b> - hospitals, coroners, nursing homes, hospices
<b>VS-35A</b>	<b>Application for Permit to Disinter &amp; Reinter in Same Cemetery</b> - funeral directors, cemeteries, attorneys, others if aware of Regulations - <b>MAKE COPIES</b>
<b>VS-35</b>	<b>Permit for Disinterment &amp; Reinterment in Same Cemetery</b> - <b>MAKE COPIES</b>



<b>VS-36</b>	<b>Application for Disinterment and Reinterment (relocate to a different Cemetery) - based on application - (Revised 9/04)</b>
<b>VS-37</b>	<b>Application for Birth Certificate - general public - MAKE COPIES</b> (schools, post offices, libraries, court clerks, etc.)
<b>VS-300</b>	<b>Certificate of Divorce or Annulment/Circuit Court Clerks Only - DON'T MAKE COPIES.</b>
<b>30284</b>	<b>Envelope for Mailing Death Certificates (color-coded) –funeral director use only. NEW LARGER SIZE OF 9”X12”</b>

## THINGS TO KNOW



### ERRORS

The registrar may **NOT** make minor corrections to birth certificates before registering the certificates with the Office of Vital Statistics. All corrections must be done at the facility of birth.

**NO NAME LISTED** A baby should **never** be identified on the birth certificate as “Baby Boy” or “Baby Girl”. In a case where the mother has not named her baby before leaving the hospital, type “Unknown” for first name and the legal surname of the mother to the far right of the block, leaving room for the middle name to be added at a later time.

Unknown	Smith
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**MISSING ITEMS** If any items are missing, the certificate should be returned to the facility for completion. If they are unknown, they should attach a post-it-note so we know that the item is unknown and not just left blank.

**If this is an adoption case, DO NOT mark the box for a requested Social Security card (the card will go to the birth mother). The adoptive parents can request a social security card after the legal name has been changed.**

### Time Frame

Remember that you have no later than three working days to process the birth certificates and send to Frankfort.

*Begin the Initial Review of the Birth Certificate  
(See next Page)*

**Permanency of Records**

Birth and Stillbirth Certificates are permanent legal records. Before accepting a certificate for registration, the certificate must be reviewed to determine if the legal requirements and standards have been met. Use the following checklist for the initial review:

- Is the certificate on the proper form (not a copy or obsolete form?)
- **All certificates must be entered into KY-Child unless it is a home birth**
- Each item must be completed or accounted for
- There should be no noticeable alterations, erasures, or white-out on the certificates
- **REQUIRED SIGNATURES ARE TO BE WRITTEN LEGIBLY IN NON-FADING BLUE OR BLACK INK**
- The certificate must be filed with the local registrar, in the county where the birth occurred, within ten (10) days of the birth.
- The registrar should complete the filing of the birth certificate and forward to Frankfort within three (3) working days after receipt of the certificate from the hospital.

*If the certificate meets the above guidelines, it is now ready to check for accuracy. (See next page)*

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## Checking the Accuracy of the Birth Certificate

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The registrar should check the following for completeness and consistency:

- |                             |   |   |
|-----------------------------|---|---|
| <b>Items 1, 8 &amp; 10a</b> | * | Are the names spelled consistently throughout? ( <i>Check spelling of last names of child and parents</i> ).  |
| <b>Item 3</b>               | * | Is the date (month) abbreviated or spelled out?<br>Example: June 1, 1998 or Jun 1, 1998; ( <i>If the hospital has used a number for the month, the certificate will be accepted. However, you should call the birth certificate clerk and make her aware of the proper entry</i> ). |
| <b>Item 2</b>               | * | Is the hour of birth listed in military time; Based on a twenty-four hour clock?  |

### How do I learn military time?

7:00 A.M. is 0700 hours and the "0700" is pronounced "O-Seven-Hundred" or "Zero-Seven-Hundred."

1600 in military time is 4:00 P.M. It is stated as "Sixteen-Hundred."

*Hint: After 1 P.M. subtract 12 hours. Example: 1300 is 1 P.M. (13 - 12 = 1:00 P.M.)*

- |                         |   |  |
|-------------------------|---|--|
| <b>Items 4 &amp; 12</b> | * | Is the date of birth (Item 4) the same as or prior to the date registered (item 13). |
| <b>Item 6 &amp; 7</b>   | * | Is the city of birth and the county of birth in agreement?                           |
| <b>Item 7</b>           | * | Did the birth occur within this registration district?                               |
| <b>Item 8c</b>          | * | Is the maiden name of the mother listed?   |
| <b>Item 9a-9c</b>       | * | Is the resident state, county and city of the mother's information in agreement?     |

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**Checking the Accuracy of the Birth Certificate (cont.)**

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- |                            |   |  |
|----------------------------|---|--|
| <b>Item 15</b>             | * | Check Item 15, (mother married). If item 15 is “no”, no information about the father should be listed.   |
| <b>Items 35a &amp; 35b</b> | * | Are the dates of last live birth and other terminations recorded?  |
| <b>Item 38</b>             | * | Is the year correct on the date of last normal menses? <i>(This item has a high error rate, especially if the pregnancy overlaps one year to the next year.)</i> |
| <b>Item 51</b>             | * | If this is a multiple birth, are all birth or stillbirth reports accounted for?  |
| <b>Items 35a &amp; 35b</b> | * | Are the dates of last live birth and other terminations recorded?  |

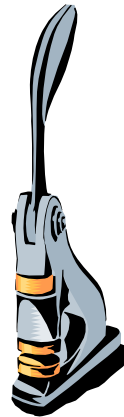
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**If a Voluntary Acknowledgement of Paternity accompanies the certificate from the hospital, are both parents age eighteen (18) or over?  
Are both signatures notarized?**

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## Filing the Birth Certificate

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If the certificate has been thoroughly checked and meets the guidelines, the registrar shall complete the filing process by following the procedures below:

- Affix the county registration number on the certificate in the top left corner.

Registrar's No _____
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- Put the date in item 13. **The file date is the date the certificate is received in the health department (THE DATE SHOULD NEVER BE BEFORE THE DATE IN #12 OR THE BIRTH DATE)**, not the date the registrar processes the certificate (if you receive the birth certificate back for any corrections you must put in the new date you receive it back from the hospital). You may use a specially formatted date stamp so that the date appears in the correct manner. It must space the date accordingly. **NO HANDWRITING IN THIS FIELD.**
- **Sign the certificate in the designated place with black unfading ink.**
- Make county copies of both **pages, the Certificate of Live Birth (FORM VA-2A) and the Information Sheet For Certificate of Live Birth (FORM VS-2B)** (*You should not retain your copy if a paternity affidavit accompanies the birth certificate*)
- Make county copies of both **pages, the Certificate of Live Birth (FORM VA-2A) and the Information Sheet For Certificate of Live Birth (FORM VS-2B)** and mail a copy to applicable resident counties. (*This applies to births that occurred in your county but the mother resided in another county.*)
- Send the original Certificate of Live Birth, the Information Sheet for Certificate of Live Birth, and paternity affidavit (if applicable) to Vital Statistics within three working days of receipt from the hospital
- **DO NOT ATTACH** documents together with staples, paper clips, tape, etc.

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## Completing the Birth Certificate

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This section describes the items required on the Certificate of Live Birth, (VS-2A), and how the items should be completed. The birth certificate shall be filed with the local registrar in the county where the birth occurred within ten days after the birth. **All CERTIFICATES MUST BE ENTERED INTO KY-CHILD. NO SIGNATURES ARE REQUIRED AT HOSPITAL LEVEL, IF WORKSHEET IS COMPLETED PROPERLY. THE LOCAL REGISTRAR MUST SIGN THE CERTIFICATE.**

### Item 1 - Child's Name

Jennifer Lynn	Brown
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**The mother may give the child any name she chooses.** Type the first name first, the middle name second, and the surname last. If the child is unnamed, enter **UNKNOWN** for first name then enter the surname to the right of the block. **DO NOT ENTER "Baby Boy or Baby Girl"**. If the child is to be placed for adoption and the mother does not name the child, enter "Unknown" for the first name then the surname of the natural mother for the child's last name.

*(This item identifies the individual for whom the certificate is being prepared).*

### Item 2 - Time of Birth

*Enter the exact time (hour and minute) the child was born according to local time.*  
**BE SURE TO USE A 24 HR CLOCK. TIME MUST BE DOCUMENTED IN THIS FORMAT 1539, NOT 15:39, NO COLONS.**

In cases of plural births, the exact time that each child was delivered should be recorded as the hour and minute of birth for that child.

### Item 3 - Sex

Enter male or female. Do not abbreviate or use other symbols. If the sex is not determined at birth, enter Unknown and attach a note explaining the circumstances.

*(This item aids in identification of the child. It is also used for making population estimates and for statistical research.)*

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## Completing the Birth Certificate (cont.)

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### Item 4 - Date of Birth

**Enter the exact month, day, and year with the month abbreviated where necessary, or in correct numerical format, i.e., 01/22/2004. Pay particular attention to the entry of month, day, or year, when the birth occurs around midnight or on December 31. Consider a birth at midnight to have occurred at the beginning of the day RATHER THAN THE END OF THE DAY.**

*(This item records the date of birth of the individual named on the certificate. It is used to establish age for such purposes as school entrance, obtaining a driver's license, Social Security benefits, etc. It is also used together with date last normal menses began to calculate length of gestation for health statistics and research studies).*

### Item 5 - Facility Name, City, Town or Location of Birth

Enter the full name of the facility (hospital) where the birth occurred. If the birth occurred on a moving conveyance en route to or on arrival at a facility, enter the full name of the facility followed by "en route."

If the birth occurred at home, enter the house number and street where the birth occurred.

If the birth occurred at some place other than those described above, enter the number and street name of the location.

If the birth occurred on a moving conveyance that was not en route to a facility, enter as the place of birth the address where the child was first removed from the conveyance.

*(The facility name is used for follow up and query programs in the State Vital Statistics office and is of historical value to the parents and child. It is also used by many States to produce statistical data by specific facility.)*

### Item 6 - City, Town, or Location of Birth

Enter the City, Town, or Location the child was born in.

### Item 7 - County of Birth

Enter the name of the county where the birth occurred. For births occurring on a moving conveyance, enter the county where the child was first removed from the conveyance.



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## Completing the Birth Certificate (cont.)

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### Item 8a - Mother's Current Legal Name

Type the mother's **current** first, middle and last name.

### Item 8b - Mother's Date of Birth

Enter the mother's date of birth. Enter the exact month, day, and year with the month abbreviated where necessary, or in correct numerical format, i.e., 1/22/2004.

### Item 8c - Mother's Maiden Name

Enter the mother's name **prior** to first marriage. First, Middle, Last, Suffix. This item cannot be blank or state same as above.

### Item 8d - Mother's Birthplace

If the mother was born in the United States, enter the name of the State.

***If the mother was born in a foreign country or a US territory, enter the name of the country or territory.***

If the mother was born in the United States but the State is unknown, enter "U.S.-Unknown."

If the mother was born in a foreign country but the country is unknown, enter "Foreign-Unknown."

If no information is available regarding place of birth, enter "Unknown." **Do not leave this item blank.**

### Item 9 - Mother's Residence

The mother's residence is the place where her household is located. Never enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative, friend, or home for unwed mothers for the purpose of awaiting the birth the birth of the child is considered temporary and should not be entered here.

### Item 9a - Residence of Mother-State

Kentucky
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Enter the name of the State in which the mother lives. This may differ from her actual mailing address. If the mother is not a U.S. resident, enter the name of the country and the name of the nearest unit of government that is equivalent of a State.

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## Completing the Birth Certificate (cont.)

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Item 9b - Residence of Mother-County

Franklin

Enter the name of the county in which the mother lives.

Item 9c - Residence of Mother- City, Town or Location

Enter the name of the city, town or location where the mother lives. This may differ from her mailing address.

Item 9d - Street and Number

123 Holmes St Apt 2

Enter the number and name of the street where the mother lives. If this location has no number or street name, enter the rural route number. Do not enter the PO Box number as her residence.

Item 9e - Apt. No.

Enter the mother's apartment number, if applicable.

Item 9f - Zip Code

Enter the mother's zip code

Item 9g - Inside City Limits (Yes or No)

Enter "Yes" if the street address is inside the city limits. Otherwise enter "No."

*Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in the area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluation community services including maternal and child health programs, schools, etc.*

Item 10 - Father's Current Legal Name (First, Middle, Last)

**Enter the husband's name on the birth certificate if:**

John Henry Brown

- Mother and father are married.
- Mother and husband are married - but have been separated **for less than ten months**. If the mother conceived in wedlock but baby was born after a divorce, or if the husband died (within ten months of the conception), enter the divorced or deceased husband's first, middle and last name.

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## Completing the Birth Certificate (cont.)

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### Do not list the father's (or husband's name) if:

The baby was conceived and born to a single mother who is divorced, widowed, or never married. (See paternity affidavit)

**If the mother and husband have been separated for ten months or more**, the husband's name is to be omitted from the certificate. Item 27 should read YES (sep).

Refer problems not covered in these instructions to Quality Assurance Representatives at (502)564-4212, or by email.

### Item 10b - Father's Date of Birth

Enter the date of birth of the father.

### Item 10c - Father's Birthplace

If the father was born in the United States, enter the name of the state.

If the father was born in a foreign country or a U.S. territory, enter the name of the country or territory.

If the father was born in the United States, but the State is unknown, enter "U.S.-Unknown."

*If the father was born in a foreign country, but the country is unknown, enter "Foreign-Unknown."*

### Item 11 - Certifier's Name

Enter the person's name that certifies that this child was born alive at the place and time and on the date stated. **MUST BE TYPEWRITTEN.**

***This name should be the name of the physician, other person in attendance, or other person designated by the administrator (i.e., medical records, ob personnel).***

### Item 12 - Date Certified (Month, Day, and Year)

Enter the month, day and year the event was certified.  
**MUST BE TYPEWRITTEN**

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## **Completing the Birth Certificate (cont.)**

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### Item 13 - Date Filed By Registrar (Month, Day, and Year)

Enter the date received in the local health department, not the date processed.  
**MUST BE TYPEWRITTEN, OR STAMPED IN ACCEPTABLE FORMAT.**

### Item 14 - Mothers Mailing Address

Enter the mother's mailing address

### Item 15 - Mother Married

Enter "Yes" if the mother was married at the time of conception, at the time of birth, or at any time between conception and birth.

Enter "Yes" if the mother is separated.  
(If the mother states she has been separated for ten months or more, husband's name and information should not be listed on the certificate)

Enter "No" if the mother is not married.

### Item 16 - Social Security Number Requested for Child

"Yes" should be checked if the parents request that a social security card be issued automatically for their child. It takes approximately 13-15 weeks from the date of birth before the parents will receive the card. After the certificate is issued a state file number, the Office of Vital Statistics sends an electronic file twice a month to the Social Security Administration who issues the numbers for the newborns. The Social Security Administration will not forward cards to a different address if the parents have moved. The Social Security Administration telephone number for inquiries is (800) 772-1213.

*"No" should be checked if the child has not been named, is to be adopted, or is deceased.*

### Item 17 - Facility ID

Enter your facilities NPI number.

### Items 18 & 19 - Social Security Numbers

Enter the mother and the father's nine digit Social Security Number. Do not leave blank, use "9's" and an explanation must be attached if you do not have this information.

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**Completing the Birth Certificate (cont.)**

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Item 20 - Mother's Education

Specify only the highest grade completed of formal schooling. Do not include trade schools or other special schools when determining the highest grade completed.

Item 21 - Is Mother of Hispanic Origin?

Check the Hispanic origin that the mother considers herself to be.

For more information on ancestry, see page 17 of Hospitals' and Physicians' Handbook on Birth Registration and Stillbirth Reporting compiled by the National Center for Health Statistics (NCHS).

Item 22 - Mother's Race

Enter the race the mother considers herself to be.

Item 23 - Mother's Pre-pregnancy Weight

Enter the mother's weight prior to pregnancy.

Item 24 - Mother's Height

Enter the mother's height.

Item 25 - WIC

Did the mother receive WIC for herself while pregnant?

Item 26a - Cigarette Use

Enter the mother's cigarette usage during pregnancy.

Item 26b - Alcohol Use

Enter the mother's alcohol use during pregnancy.

Item 27 - Father's Education

Specify only the highest grade completed of formal schooling. Do not include trade schools or other special schools when determining the highest grade completed.

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**Completing the Birth Certificate (cont.)**

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**Item 28 - Is Father of Hispanic Origin?**

Check the Hispanic origin that the father considers himself to be.

For more information on ancestry, see page 17 of Hospitals' and Physicians' Handbook on Birth Registration and Stillbirth Reporting compiled by the National Center for Health Statistics (NCHS).

**Item 29 - Father's Race**

Enter the race the Father considers himself to be.

**Parent(s) Authorize Release of Child's Social Security Number to the Office of Vital Statistics and the Department of Education.**

The Department of Education uses this item for tracking purposes. Vital Statistics does not utilize the social security number of the child, or retain information regarding the social security number. The child's social security number is not placed on the birth certificate.

*"No" should be checked if the child has not been named, is to be adopted, or is deceased*

**On the birth certificate this should look as follows, with the statement written in the appropriate space corresponding with the worksheet. If the mother signed the worksheet, SIGNATURE ON FILE should appear on the certificate above where it says mother's signature, as well as the date she signed the worksheet. If the father signed it, SIGNATURE ON FILE should be typewritten above the father's line, with the date he signed it.**

**SIGNATURE ON FILE** \_\_\_\_\_

Mother's Signature

\_\_\_\_\_ date

**SIGNATURE ON FILE** \_\_\_\_\_

Father's signature

\_\_\_\_\_ date

**THIS SPACE SHOULD BE LEFT BLANK IF NEITHER PARENT AGREES TO RELEASE THE CHILD'S SSN. IF LEFT BLANK, A NOTE MUST BE ATTACHED TO SUCH SO WE DON'T VIEW IT AS AN OMISSION.**

**Item 30 - Place where birth occurred**

Place that the birth occurred.

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**Completing the Birth Certificate (cont.)**

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**Item 31 - Attendant's Name, NPI, and Title**

☐ M.D.   ☐ D.O.   ☐ Hospital Admin   ☐ C.N.M.   ☐ Other Midwife  
☐ Other (Specify) \_\_\_\_\_

Type the full name of the person physically present and responsible for the delivery. Check the appropriate box to identify his or her title. **NPI'S FOR PHYSICIANS MAY NOT BE ASSIGNED AS OF YET. THIS FIELD MUST BE COMPLETED.**

*M.D. = Doctor of medicine; D.O. = Doctor of osteopathy; Hospital Admin = Hospital Administrator; C.N.M. = Certified Nurse Midwife; Lay Midwives should be identified as other midwife; Other = the administrator's designee, husband, EMT, etc. If other is checked, type the title of the certifier on the line provided. Example: Birth Certificate Clerk, E.M.T.*

**Item 32 - Mother's Weight at Delivery**

Enter the mother's weight prior to delivery.

**Item 33 - Mother Transferred**

Check "No" if this hospital was the first facility the mother was admitted to for delivery.

Check "Yes" if the mother was transferred from one birthing facility (not home) to another facility BEFORE delivery. If the mother was transferred, enter the name of the facility she was transferred from.

**Item 34 - Previous Live Births****Item 34a – Now Living**

Enter the number of children born alive to this mother who are still living. Do not count this birth. (Do not include adopted children or stepchildren).

Check "None" if this is the first live birth to this mother.

**34b - Now Dead**

Enter the number of children born alive to this mother who are no longer living. (Only include natural births to this mother).

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## Completing the Birth Certificate (cont.)

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### Item 34c - Date of Last Live Birth

Enter the Month and Year of the mother's last live birth.

### Item 35a - Pregnancy Outcomes

Enter the number of pregnancies that resulted in miscarriage, stillbirth, abortion, or other unsuccessful delivery, regardless of the gestational age.

Check "None" if this is the first pregnancy for this mother, or if all other pregnancies resulted in live-born infants.

### Item 35b - Date of Last Other Termination (Month, Year)

Enter the month and year of the last termination that did not result in a live birth, regardless of the length of gestation.

Check "None" if the mother has never had a termination of pregnancy. **Do not leave this item blank.**

### Item 36a - Date of first prenatal visit (Month, Day & Year)

Enter the date of the first prenatal visit.

### Item 36b - Date of last prenatal visit (Month, Day, & Year)

Enter the date of the last prenatal visit.

### Item 37 - Principal Source of Payment for this Delivery

Check the principal source of payment for this delivery.

### Item 38 - Date Last Normal Menses Began (Month, Day & Year)

Enter the date of the mother's last normal menstrual period. Enter the start date. If the exact day is unknown but the month and year are known, obtain an estimate of the day from the medical record. If an estimate cannot be obtained, enter the month and year only.

Enter unknown if the date cannot be determined. **Do not leave this item blank.**

### Item 39 - Mother's Medical Record Number

Enter the Mother's medical record number as recorded in hospital records.



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**Completing the Birth Certificate (cont.)**

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Item 40 - Risk Factors In This Pregnancy

Check all risk factors that apply. If none, enter none.

Item 41 - Infection Present And/Or Treated

Check any infections present or treated during pregnancy. If none, enter none.

Item 42 - Obstetric Procedures

Check any obstetric procedures that apply. If none, check none.

Item 43 - Onset of Labor

Check any onsets of labor that apply. If none, check none.

Item 44 - Characteristics of Labor and Delivery

Check any characteristics of labor and deliver that apply. If none, check none.

Item 45 - Method of Delivery

Check the method of delivery. Do not leave blank.

Item 46 - Maternal Morbidity

Check any complications associated with delivery.

Item 47 - Newborn Medical Record Number

Enter the baby's medical record number.

Item 48 - Birth Weight

Enter the weight of this birth as recorded in the hospital record.

Item 49 - Obstetric Estimate of Gestation

Enter the obstetric estimate of gestation.

Item 50 - APGAR SCORES

Enter the APGAR score at 5 minutes as assigned by the delivery room personnel charted in the medical record. If below 6, then enter APGAR again at 10 minutes. If APGAR scores are not available because it was a home birth, enter "Unknown".

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## Completing the Birth Certificate (cont.)

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### Item 51 - Plurality

Specify the birth as single, twin, triplet or etc.

### Item 52 - If Not Single Birth (Specify)

Specify the order of this birth. If single birth, leave this item blank.

### Item 53 - Abnormal Conditions of the Newborn

Check all abnormal conditions of the newborn. If none, enter none

### Item 54 - Congenital Anomalies of the Newborn

Check any congenital anomalies of the newborn. If none, enter none.

### Item 55 - Infant Transferred. Yes or No

Check "No" if the infant was NOT transferred to another hospital.

Check "Yes" if the infant was transferred from the birthing hospital to another facility AFTER delivery. Enter the name of the hospital the infant was transferred to.

If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

### Item 56 - Is infant living at the time of report?

Enter yes if infant is living. Enter no if infant is deceased. If infant has been transferred, indicate such.

### Item 57 - Was the Child breastfeed?

Yes or No

**Definition of breast feeding: any action of breast feeding such as but not limited to pumping, bottle feeding (breast milk). If using both breast milk and formula it is still considered breast feeding. Item should be marked. YES**

**If no breast milk is being used please mark NO**

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**Completing the Birth Certificate (cont.)**

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**It is important that your facility is using the supplied Kentucky Worksheet's for Live Birth.**

**We recommend that you use the short form.**

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## Out of Institution Birth Certificates

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*The Vital Statistics 1999 Report Estimates approximately 324 births occurring outside a hospital setting.*

*That means that 324 birth certificates were filed by local registrars and midwives who interviewed the parents, gathered the information for the certificate, asked for evidence if necessary, and prepared the certificate.*

*Whatever the reason, there will probably be a time, or several times, that you will be required to file a “home birth”.*

*The thought of it scares us. We have all heard the horror stories of how some have established new identities for imaginary babies. We don’t want to be the one that was duped into filing a fake birth certificate. But, it happens, and there are precautions we should take.*

*This section will assist the registrar in filing home births or births that did not occur in a hospital setting. All local registrars must require prenatal and postnatal documentation plus documentation of residency in your county at time of birth.*

***The new “DELAYED CERTIFICATE OF LIVE BIRTH” is to be used if doing a homebirth and the infant is older than 365 days and under 7 years of age.***

***Any birth certificates presented for registration more than seven (7) years after the child’s birth shall be prepared by the state Office of Vital Statistics.  
Please call (502) 564-4212 ext. 3995.***



## **EVIDENCE**

A certificate for out-of-institution (home) births shall be completed upon presentation of the following evidence. **YOU MUST HAVE ONE PIECE OF EVIDENCE FROM A, B, & C.**

- A)** Evidence of pregnancy, such as but not limited to:
  - 1) Prenatal record
  - 2) Statement from physician or other health care provider qualified to determine pregnancy.
  - 3) Home visit by public health nurse or other health care provider
  - 4) Photographs, video, etc. of the pregnancy or birth
  - 5) Other evidence acceptable to the State Registrar
  
- B)** Evidence that the infant was born alive, such as but limited to:
  - 1) A statement from the physician or other health care provider who saw or examined the infant
  - 2) An observation of the infant during a home visit by a public health nurse or other health care provider
  - 3) Photographs, or video of birth
  - 4) Other evidence acceptable to the State Registrar
  
- C)** Evidence of the mother's presence in Kentucky on the date of birth, such as but not limited to:
  - 1) If the birth occurred in the mother's residence,
    - a) A driver's license or state-issued ID, which includes the mother's current residence
    - b) Rent receipt that includes mother's name and address
    - c) Utility, telephone, or other bill that includes mother's name and current address
    - d) Other evidence acceptable to State Registrar
  - 2) If the birth occurred outside of the mother's residence, and the mother is a resident of Kentucky, such evidence shall consist of:
    - a) An affidavit from the tenant/owner of the premises where the birth occurred, that the mother was present on those premises at the time of birth
    - b) Evidence of the affiant's residence similar to that required in (C) (1)
    - c) Evidence of the mother's residence in Kentucky similar to that required in (C) (1)
    - d) Other evidence acceptable to State Registrar
  - 3) If the mother is not a resident of Kentucky, such evidence must consist of clear and convincing evidence acceptable to the State Registrar.

**Local registrars shall provide for voluntary paternity establishment services. All health departments should post a notice stating these services are available. Pamphlets are available from the Division of Child Support Enforcement. In order to provide these services, the registrar shall:**

- Have a notary public (preferably two (2) or three (3), including self) available to the public to explain and notarize the completed Declaration of Paternity (VS 8)
- Check identification to be sure the parents are who they say they are
- Prior to a mother and father signing a paternity form, have them read the written explanation of their rights and responsibilities on the back of the Declaration of Paternity (VS-8)
- Prior to a mother and father signing a paternity form, also give an oral explanation of their rights and responsibilities or have an audio tape or a video tape available for their use
- Be sure all blanks on the VS 8 are legible (preferably printed or typed), completed correctly, and both the father's section and the mother's section are notarized
- Make a copy for the parents if they want one
- Within three (3) working days send the original Declaration of Paternity to: Amendments Unit, Vital Statistics, 275 East Main Street 1E-A, Frankfort, Kentucky 40621

Either parent can request a rescission of the paternity affidavit within sixty (60) days of the notarized signatures. Please contact the Amendments Unit for this form (VS-8E).

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## **Amendments to Birth Certificates**

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### **State Office of Vital Statistics**

Amendments to birth certificates are only made by the state Office of Vital Statistics. No amendments are made at the local level once the certificate has been filed. Generally, if the hospital made a mistake on a certificate, a statement on hospital letterhead requesting the Vital Statistics Office to make a change will suffice. This statement must include the birth name on the certificate, the date of birth, place of birth, the mistake on the certificate and the correct information. The request must be dated and signed. If the hospital did not make a mistake and the parents want a change made, they should call the Office of Vital Statistics, Amendment Unit, (502) 564-4212, extension 6008 or refer them to someone in the Amendments Unit. If you have a question concerning a change to a birth certificate prior to the filing of the certificate, call a Quality Assurance Representative.

### **Incorrect Information**

If a parent receives a certified copy of a child's birth certificate and there is incorrect information on it, she or he should call the above number and find out what information is needed to change the certificate. The certificate should be returned to Vital Statistics with the requested information and a statement as to why the certificate has been returned. When the birth certificate is corrected, a new certified copy will be returned to the parent.

### **Paternities/Adoptions**

Paternity and adoption actions are considered confidential information. Whenever an adoption or paternity action has been completed by the Office of Vital Statistics, a VS-10 (notification form) will be sent to the local registrar in the county of birth and, if different, the resident county of the mother. These forms are sent once a month. When the registrar receives the VS-10, the county copy of the birth record should be pulled from the local volume and returned to the Office of Vital Statistics. The copies, along with the VS-10, are to be returned within 5 working days of receipt and should be sent to the attention of Amendments Unit.

### **Supplemental Information**

#### **For your information only**

The Supplemental Information form (VS-29) is initiated by the Office of Vital Statistics, Nosology Unit, to obtain missing or additional information. If the information is needed for a birth or stillbirth certificate, the VS-29 is sent to the birthing facility's representative. If the information is needed for a death certificate, the form is sent to the funeral home or physician listed on the death certificate.

**Authority: KRS 213.121, 901 KAR 5:070**

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## Supplemental Information

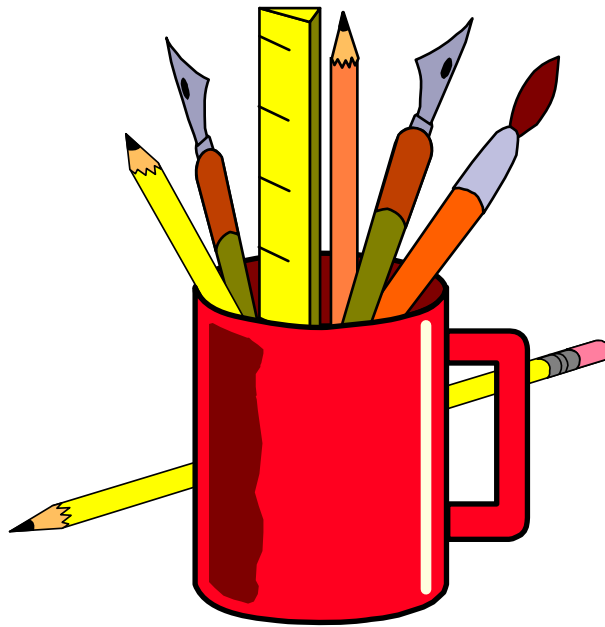
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### For your information only

The Supplemental Information form (VS-29) is initiated by the Office of Vital Statistics, Nosology Unit, to obtain missing or additional information. If the information is needed for a birth or stillbirth certificate, the VS-29 is sent to the birthing facility's representative. If the information is needed for a death certificate, the form is sent to the funeral home or physician listed on the death certificate.

**Authority: KRS 213.121, 901 KAR 5:070**





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## **Stillbirths**

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### **Combination Birth/Death**

The Certificate of Stillbirth (VS-3A & VS-3B) revised 04/06 is a combination birth and death certificate. It is to be completed for each stillbirth that reaches twenty (20) weeks gestation or more, or in which the fetus weighs 350 grams or more. Three hundred and fifty grams is approximately twelve point 3 (12.3) ounces. Certificate of Stillbirth should not be supplied to Funeral Homes since it is not their responsibility to complete the form. Occasionally a stillbirth will occur at home and a funeral director and/or coroner will assist in completing.

**The local registrar has the ultimate responsibility to see that the Certificate of Stillbirth is prepared and filed when a non-hospital delivery occurs. NO STILLBIRTHS WILL BE ACCEPTED WITH A REVISION DATE PRIOR TO 04/06.**

### **Hospital Responsibility**

The Certificate of Stillbirth must be entered into KY-child. The attendant must be a physician or coroner. The administrator of the facility, or designee, cannot sign a stillbirth certificate, as with the birth certificate. After completion by hospital staff, it is then forwarded to the local registrar within the ten (10) day period mandated by law. The hospital staff should be made aware that the information about the disposition of the fetus should be completed before sending the certificate to the registrar. The certificate should not be sent to the funeral home for disposition information. Most of the information can be found on the Provisional Report of Death or by calling the funeral home involved. If the hospital neglects to complete the disposition portion of the certificate, the local registrar shall.

### **Registrar Review**

The registrar will edit the certificate in the same manner as the birth certificate and forward it to the Office of Vital Statistics provided it is complete and accurate. Stillbirth certificates are usually numbered and filed separately from the birth certificates, beginning with the number one (1) each new year. The local registrar shall forward a copy of the stillbirth certificate to the mother's county of residence, if different from the county of delivery. **The registrar shall sign (#17A) the certificate legibly in unfading black ink.**

### **In Relation to Provisional**

The local registrar should receive a Provisional Report of Death (VS-34) for each stillbirth that occurs in the county. When the local registrar receives a Certificate of Stillbirth (VS-3A & VS-3B), the provisional relating to that stillbirth should be pulled and destroyed. (See Stillbirth information on Report 677 on page 43)

**Authority: KRS 213.011 (3), KRS 213.046, KRS 213.096**

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## **Provisional Report of Death**

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### **Notification Of Death**

Each death occurring in the Commonwealth shall be registered in accordance with prescribed laws and regulations. Death certificates are filed directly with the state Office of Vital Statistics. Provisional reports of death are sent to the local registrar in the county where the death occurred and shall serve as the initial notification that a death has occurred. The provisional also serves as a release for the body, a notification that organs are to be donated, who will be responsible for filing the death certificate, and coroner authorization for cremation.

### **Instructions**

The local registrar provides the Provisional Report of Death (VS-34) to the appropriate facilities. These facilities include hospitals, extended care facilities, hospice organizations, and coroner's offices. Some counties distribute provisionals to funeral homes for deaths not occurring in the above facilities. This form is a three part, color-coded form. The white copy (original) is presented to the funeral director, or person taking possession of the remains, and accompanies the body through disposition. It is then sent to the local registrar, where the death occurred, within five (5) days of disposition. The funeral director should be notified if the white copies of the provisional are not being received by the registrar. The yellow copy is sent by the facility to the registrar of the county where the death occurred on a weekly basis. It serves as the official notification that a death has occurred in the registrar's county. The pink copy is retained by the facility where the death occurred, by the coroner, or by the hospice organization. Instructions for completion of the Provisional Report of Death are on the back of the form. A provisional shall also be completed for all stillbirths, reportable or non-reportable.

### **Next-Of-Kin Possession**

Facilities should be made aware that the next-of-kin could take possession of a body. If this occurs, the facility should explain, if no funeral home is involved with the burial, that the white copy of the provisional needs to be taken to the health department within five (5) days after disposition. The local registrar will then be responsible for getting all the information needed to complete a death certificate.

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## **Reconciling Report 677 – Death Index**

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### **Filing System**

Each local registrar is responsible for maintaining a filing system for the completed provisional reports of death. Only provisional for deaths that occur in your county should be filed. Out of county provisionals should be sent to the appropriate county registrar. Provisionals are usually kept in alphabetical order. Each provisional shall be retained until Report 677 is received.

### **Report 677**

Report 677 is an alphabetical index of all death certificates received during a quarter by the Office of Vital Statistics. It is issued approximately three (3) months after a quarter ends, i.e. 1<sup>st</sup> quarter will be issued in early July. It is sent over the Kentucky Information Network on the CDS 501 screen and will have to manually be printed in the health department. The death index is to be resolved within thirty (30) working days of receipt. The reconciliation of the death index is to be reported to your Quality Assurance Representative even if there are no outstanding provisionals.

### **How to Resolve**

The name and date of death on the provisional should be matched with the name and date on the index. The name may be spelled differently, or first name may be different, so look closely at all items. If there is a match, the provisional should be discarded, unless cremation. If a name on a provisional does not appear on the death index (Report 677), the provisional should be held until the next death index is printed. If at this time the name shows on the Index, you may discard the provisional. If the name still does not appear on the Report 677, the local registrar should call the funeral home and ask if a Certificate of Death has been issued for this person.

If a certificate has been filed, please write the certificate number and the file date on the Provisional and mail to your Quality Assurance Representative.

If a certificate has not been filed, please forward the Provisional to your Quality Assurance Representative with a note attached that a certificate has not been filed and any reasons the funeral home may have stated.

### **If Disposition is Cremation**

If the disposition was cremation, the white copy of the provisional, with the coroner's signature in section D, must be retained for a period of five (5) years from the date of death. If the name of the deceased is not on the death index, send a copy of the provisional to your representative and file the original in your cremation file.

### **Open Record**

Report 677 (death index) is a permanent county record and considered an open record. Therefore, the quarterly indexes should be bound together in a way to make access easy.

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**Reconciling Report 677 – Death Index (cont.)**

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**Stillbirths**

Stillbirths **do not** appear on Report 677 (death index). The Certificate of Stillbirth (VS-3A & VS-3B) is edited and filed by the local registrar. Therefore, if a provisional is received for a fetal demise, the registrar should check the county copies of stillbirths received for that date and discard the provisional if a Certificate of Stillbirth has been registered. If a VS-3 has not been filed, the registrar should contact hospital personnel to verify that the death was a reportable event. A reportable event is a fetus of twenty (20) weeks, or more, gestation and/or weighs 350 grams (approximately 12.3 ounces), or more. If the fetus is less than twenty (20) weeks and less than 350 grams (approximately 12.3 ounces) there will be no Certificate of Stillbirth and the provisional can be discarded. If it is reportable, have hospital personnel to prepare the certificate and discard the provisional when the certificate is received.

**FYI**

An out-of-state burial-transit permit, which accompanies a dead body brought into the Commonwealth, shall be the authority for disposition and will serve in the place of a provisional. Funeral directors should be made aware to send out-of-state permits back to the state, or county, listed on the permit. There is no defined retention schedule for out-of-state permits sent to a Kentucky registrar, therefore the local registrar any time after disposition may dispose of them.

**Authority: KRS 213.076, KRS 213.081, KRS 213.146**



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## **Death Certificates**

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### **Who's Responsibility**

The funeral director, or person acting as such (coroner, deputy coroner, medical examiner or family member), who first takes custody of a body shall be responsible for filing the death certificate (VS-1A). The funeral director has five (5) days to complete his or her section (Items 1 through 22) and present it to the medical certifier. The medical section (Items 23a through 30f) shall be completed, signed, and returned to the funeral director within five (5) working days by the physician. In cases where the coroner is the medical certifier, he or she has five (5) days after receiving inquiry results to complete, sign and return the death certificate to the funeral director. The funeral director then files the completed death certificate directly with the State Office of Vital Statistics. When a funeral director is not involved, the responsibility for preparing and filing the death certificate shall be upon the person who first takes custody of the body (i.e. parents, hospital). The local registrar is responsible for helping to prepare a death certificate when a family reports a death that does not involve a funeral director.

### **Requests for Certified Copies**

Funeral directors are to use the Application for Death Certificates for Funeral Director Use Only, (VS-31B) to order copies at the time the death certificate is filed. This order should include the three (3) free verifications with at least one (1) copy retained by the funeral home for reference. Certified copies will be issued no later than two (2) working days provided that the certificate and application are mailed in the pre-addressed color-coded envelope to the Office of Vital Statistics along with the appropriate fee. The local registrar is responsible for providing the funeral homes with the current Certificate of Death (VS-1A), Application for Death Certificates for Funeral Director Use Only (VS-31B), and the color-coded envelopes (30284). These forms should only be given to funeral home personnel and inventory records maintained. The Application for Death Certificate (VS-31) is used to order additional certified copies after the death certificate has initially been filed and is used by both funeral homes and the general public. These orders for additional copies normally require three (3) to four (4) weeks to fill.

**Authority: KRS 213.076**

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**Permit to Cremate**

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**Permit**

A permit is required for cremation. Section D on the Provisional Report of Death (VS-34) is the permit. The funeral director or person acting as such shall have the coroner of the county, where death occurred, to complete Section D on the white copy (original) of the provisional. The funeral director or person acting as such (coroner, deputy coroner, medical examiner or family member) shall then present the original copy bearing the coroner's authorization to the crematorium. The crematorium completes Section E on the Provisional Report of Death after cremation and forwards it to the county registrar where death occurred. Cremation is considered final disposition and no other forms will be necessary to transport remains.

The above requirements do not apply to the cremation of fetal remains unless there is indication of a criminal act. Fetal remains apply to all stillborn even if the fetus does not meet the reportable requirements.

**Retention of Permit**

The county registrar shall retain the completed provisional for a period of five (5) years if disposition is cremation.

**Authority: KRS 213.081**

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## **Hospice Deaths**

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### **Pronouncement Of Death**

When a patient, who is receiving the services of a licensed hospice program, dies at home or in a hospice inpatient unit, a registered nurse employed by the hospice organization may make the pronouncement of death. The hospice nurse completes and signs the Provisional Report of Death (VS-34) to release the remains for transportation and disposition. Hospice nurses are not appointed deputy registrars. They are authorized by statute to make the pronouncement of death and to release the body.

Hospice nurses cannot sign or complete the cause of death on the Certificate of Death (VS-1A). **The physician in charge of the patient's care must complete the Certificate of Death.**

### **Contact The Coroner**

The hospice nurse should contact the coroner if:

1. He or she feels the death was not from natural causes, or;
2. If the hospice nurse is not in attendance at the death, or;
3. If it is the desire of the coroner to be notified when a death occurs out of health facility.

The coroner may complete and sign the Provisional Report of Death when making a pronouncement of death. The family can also sign the provisional to release the body for transportation and disposition.

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**Authority: KRS 314.046**

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## **Disinterment/Reinterment**

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*A permit is required to disinter or move any human remains. If the body is being moved or relocated in the same cemetery, the permit is obtained from the local registrar in the county where the cemetery is located the applicant **MUST** provide next of kin permission or a court order.*

### **Disinterment/Reinterment in Same Cemetery**

- The registrar shall give the applicant the VS-35A form, Application for Disinterment/Reinterment in the Same Cemetery. This form was revised 08-04.
- The applicant will complete the application and return to the local registrar.
- The registrar will complete the VS-35 form, Permit for Disinterment & Reinterment in Same Cemetery from the information listed on the application.
- Make sure the applicant provides a statement from ALL next-of-kin giving written permission for the disinterment.
- The registrar shall stamp the permit with the county health department seal and make a copy (if your agency does not have a health department seal, you need to get one made to order through your local office supply store). Give the permit to the applicant.
- The applicant shall return the completed permit to the local registrar within ten days after the reinterment has been completed.
- The registrar shall retain the completed permit indefinitely.

### **Disinterment/Reinterment in a Different Cemetery**

When one or more bodies are to be disinterred for reburial in a different cemetery or for other disposal, a permit is required. The application and permit shall be obtained from the Office of Vital Statistics, Quality Assurance Staff. The applicant may call (502) 564-4212 ext. 3979 or ext. 4425 for further information.

**COPIES OF THE APPLICATIONS AND NEXT-OF-KIN LETTER ARE IN THE BACK OF THE GUIDELINES.**

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## **Family Cemeteries**

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### **Inquires**

Inquiries are frequently made regarding the establishment of private or family cemeteries on private property. There are no state regulations on the subject of family cemeteries. The jurisdiction falls to the local government.

- The landowner should contact the city or county zoning commission or the county attorney's office to inquire about local ordinances.
- The depths of burial regulations apply to privately owned cemeteries. (901 KAR 5:090 section 1)
- The same regulations apply for obtaining a permit to disinter and reinter a body in a family owned cemetery. (901 KAR 5:090)

### **Burial Depth Variance**

### **901KAR 5:090**

#### Section 1. Interment

(2) Where impenetrable rock is encountered the local health department may, upon proper application, grant a variance to the depth of burial requirements of this administrative regulation.

When the local health department renders exceptions to burial depth, this is to be coordinated with county environmental management staffs for acknowledgement. The registrar should make record of that coordinating activity and file with copy of the exception letter.

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## **Verifications of Birth**

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The providing of birth verifications by the local registrar is **optional**. The availability of the service and whether a fee is involved or not is the decision of the local or district health department.

### **Form**

If a health department wishes to issue verifications, a form will have to be designed. Prior to use, the Office of Vital Statistics must approve the form. Send your sample to the Quality Assurance Staff for approval.

The form must state "Verification of Birth" and must incorporate the following items:

- Name of the person, according to the microfiche
- Date of birth
- County of birth
- Date the birth was filed
- File number
- Signature of the local registrar and the date issued
- Name of the health department
- No other information can be on the form.

**There should also be a statement that the form is not a certified copy of the birth certificate and that a certified copy can be purchased from Vital Statistics in Frankfort. OUR OFFICE MUST APPROVE THIS FORM.**

### **Do not Verify for**

- School systems – parents **must present certified certificates**
- Driver' licenses
- Community Based Services and Social Security have access to a computer program that makes it unnecessary to provide verifications. The program contains all births from 1911 to the present. The local registrar is responsible for providing the VS-26 form for their internal use. The VS-26 is completed at the state Vital Statistics off, not by the local registrar.

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**Authority: 901 KAR 5:040 Section 2**

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## **Open Records**

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The Vital Statistics Office maintains approximately thirteen million vital records in a secured environment. These original records are carefully numbered and filed in books, or “volumes”. The successful retrieval of a specific record requires having an index listing that identifies an individual certificate and in what volume the certificate is located.

Kentucky is an open record state. Basically, this means that any person who can identify a record may purchase that record from the state Vital Statistics Office or view its contents at the local health department.

*Each health department maintains “open records” that include the “Birth” and “Death” microfiche, the electronically produced “Death Index” (Report 677), copies of death certificates prior to 1993, and copies of birth and stillbirth certificates. These records, or portions of these records, can be made available for inspection by the public. The microfiche and Report 677 are provided by the Office of Vital Statistics to each health local health department. Each health department has been provided a microfiche reader. All maintenance and supplies are the responsibility of the local or district health department. The “Death Index” is transmitted electronically to each health department on a quarterly basis and should be bound together in chronological order.*

### **Birth Records**

The birth microfiche consists of two (2) sets of microfiche for years 1911 through 1988. One is indexed by the mother’s maiden name and the other is indexed by the child’s surname.

### **Death Records**

The death microfiche provided to each health department is for the years 1911 through 1993. The quarterly death index provides like information from the years 1993 through the present.

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## Viewing County Records

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The county copy of a certificate may be viewed if the individual can identify the record (name, date of birth/death and mother's maiden name). This information can be obtained from the microfiche. **County copies are not available for random reading. Individuals can not look through the book, but may only look at the certificate the registrar presents to them.** The local registrar does not have to present the copy upon demand. The open records law requires an open record to be presented within three working days of the request. The request should be in writing and should state date of request, copy to be viewed, signature of requestor, with address and telephone number. The registrar should set an appointment with the requestor to view the copy. As you know, amendments to certificates are only made at the state office. Health Departments are not notified of these changes. Requestors should be informed that the information on the county copy is not always correct. In order to obtain a correct certified copy an application and fee must be submitted to the Office of Vital Statistics.

### **Birth**

Only the legal portion of the county copy of the birth identified may be viewed. All information below the "For medical and health use only" line must be masked due to the confidentiality of this information. The mailing address of the mother and all social security numbers must also be covered. The registrar should be present during the viewing of any certificate.

**If the registrar suspects, or if the requestor states that the person they are inquiring about has been adopted or that the record might be sealed, the registrar must contact their Quality Assurance Representative before allowing the copy to be viewed.**

The state office suggests that you make a copy of your county copy with no medical and health information showing. **Return your county copy to the book.** On the copy that you make, you must mark out all SSN's, and mailing addresses. After the copy has been reviewed, it should be shredded.

### **Death**

County copies of death certificates were discontinued in 1992. However, prior to that time, copies of deaths that occurred in the county should be available at the health department. If the individual locates the decedent on the microfiche or can identify by name, date, and county of death the entire death certificate may be viewed. Death records over 50 years old may be viewed without locating the decedent's information. The registrar, or deputy, should be present during the viewing in order to prevent the destroying of the record. The Kentucky Department for Library and Archives microfilms the entire death certificate after it has been on file for 50 (fifty) years. Plain copies of these certificates may be obtained from that department if no certified copy is required.

## **BIRTH MICROFICHE**

**There are two sets of birth microfiche. One set is indexed alphabetically by the last name of the child. The other set is indexed alphabetically by the mother's maiden name. Both sets are from the year 1911 through 1988.**

1. FIRST COLUMN – Last name of child
2. SECOND COLUMN – First name of child
3. THIRD COLUMN – Middle initial
4. FOURTH COLUMN – Date of birth
5. FIFTH COLUMN – County of birth (by county code)
6. SIXTH COLUMN – Mother's maiden name (last name)
7. SEVENTH COLUMN – Mother's first name.
8. EIGHTH COLUMN – the year filed/volume/certificate number

## **DEATH MICROFICHE**

**There is one set of death microfiche. It is indexed alphabetically by the last name of the decedent and includes the years 1911 through 1993.**

1. FIRST COLUMN – Last name of decedent
2. SECOND COLUMN – First name of decedent
3. THIRD COLUMN – Middle initial
4. FOURTH COLUMN – Age at death (U/1 means infant under age of 1)
5. FIFTH COLUMN – County of death
6. SIXTH COLUMN – County of residence
7. SEVENTH COLUMN – Date of death (mm/dd/yy)
8. EIGHTH COLUMN – 10 numbers which indicate volume # – certificate # -year filed

**Go to <https://apps.chfs.ky.gov/birth/> to look up birth certificates online.**

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## **How to Order Certificates**

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Only the state Office of Vital Statistics issues certified copies of certificates. No records of events, which occurred outside of Kentucky, are available from the Kentucky State office. Applications for birth and death certificates are provided to the general public by the local registrar. The state office provides applications for marriage and divorce certificates. School systems, post offices, libraries, and other agencies request birth applications in bulk certain times of the year. It is the registrar's responsibility to keep plenty on hand and to notify these agencies any time the fees change.

Kentucky is an open record state. Anyone who pays the proper fee and includes the required information to identify the record may have a certified copy.

The Office of Vital Statistics only began registering birth and death records in January 1911. The registration of marriage and divorce records began in June 1958. The following fees shall be charged for any search or copy of a record:

<b>BIRTH</b>	<b>\$10.00</b>
<b>DEATH</b>	<b>\$6.00</b>
<b>STILLBIRTH</b>	<b>\$6.00</b>
<b>MARRIAGE</b>	<b>\$6.00</b>
<b>DIVORCE</b>	<b>\$6.00</b>

### **To Order by Phone**

To order by phone, a customer may call toll free (888) 782-8759. Orders will be accepted 24 hrs a day, 7 days a week. There is an additional fee for this service. In addition, UPS is available for overnight and weekend delivery. An additional fee applies for this service.

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## **How to Order Certificates (cont.)**

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### **To Order in Writing**

**Birth Certificates** - A written request for a birth certificate takes approximately thirty (30) working days to process. Written requests should include a check or money order in the correct amount, made payable to the Kentucky State Treasurer. A completed application (VS-37), or a written request, should include the full name at birth, date of birth, county or city of birth, mother's full birth name, and father's name.

**Stillbirth Certificates** - A written request for a stillbirth certificate takes approximately thirty (30) working days to process. Written requests should include a check or money order in the correct amount, made payable to the Kentucky State Treasures. A completed (VS-32), or a written request, should include the full name at birth, date of event, place of death, and mother's maiden name.

**Death Certificates** -A written request for a death certificate can take up to thirty (30) working days to process. Include with the request, a check or money order made payable to the Kentucky State Treasurer for the correct amount. A completed application (VS-31), or a written request, should include the decedent's name, date of death, and county of death.

**Marriage/Divorce Certificates** - A written request for these certificates can take up to thirty (30) working days to process. The Vital Statistics Office has on file marriage certificates from June 1958 to the present. Copies of marriage certificates prior to June 1958 can be obtained from the County Court Clerk's office in the county where the license was issued. Copies of divorce certificates prior to June 1958 can be obtained from the Circuit Court Clerks' Office that granted the decree. When ordering from Vital Statistics, include with the request, a check or money order payable to the Kentucky State Treasurer. A completed application (VS-230), or written request, should include the husband's and wife's name, the county where the license or decree was granted, and the date.

### **Where to Send Requests**

Requests for certificates should be mailed to: Vital Statistics, 275 East Main Street 1E-A, Frankfort, Kentucky 40621-0001.

### **To Order In Person**

An applicant may come directly to the Office of Vital Statistics and receive certified copies approximately one (1) hour after the request is processed. Office hours are 8:00 AM to 4:30 PM, Eastern Time, Monday through Friday. The applicant should be in the office no later than 3:30 PM to receive same day service.

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**AUTHORITY: KRS 213.031(1), KRS 213.136(1), (2), KRS 213.141, 901KAR5:050**

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PLACE OF EVENT	ADDRESS	CITY	ZIP	TELEPHONE
ALABAMA	P O BOX 5625	MONTGOMERY	36103-5625	334-206-5418
ALASKA	P O BOX 110675	JUNEAU	99811-0675	907-465-3391
ARIZONA	P O BOX 3887	PHOENIX	85030	602-364-1300
ARKANSAS	P O BOX 8184	LITTLE ROCK	72203-8184	866-209-9482
CALIFORNIA	P O BOX 997410 MS:5103	SACRAMENTO	95899-7410	916-445-2684
COLORADO	4300 CHERRY CREEK DR S	DENVER	80246-1530	303-692-2200
CONNECTICUT	P O BOX 340308	HARTFORD	06134-0308	860-509-7700
DELEWARE	417 FEDERAL ST	DOVER	19901	302-744-4549
DIST OF COLUMBIA	825 N CAPITOL ST NE, 1 <sup>ST</sup> FLOOR	WASHINGTON DC	20002	202-671-5000
FLORIDA	P O BOX 210	JACKSONVILLE	32231-0042	904-359-6900
GEORGIA	2600 SKYLAND DRIVE NE	ATLANTA	30319-3640	404-679-4701
HAWAII	P O BOX 3378	HONOLULU	96801	808-586-4539
IDAHO	P O BOX 83720	BOISE	83720-0036	208-334-5988
ILLINOIS	605 W JEFFERSON ST	SPRINGFIELD	62702-5097	217-782-6553
INDIANA	6 WEST WASHINGTON ST	INDIANAPOLIS	46204	317-233-2700
IOWA	LUCAS STATE OFFICE BLDG, 1 <sup>ST</sup> FL.	DES MOINES	50319-0075	515-281-4944
KANSAS	900 SW JACKSON	TOPEKA	66612-2221	785-296-3253
KENTUCKY	275 E MAIN ST 1E-A	FRANKFORT	40621-0001	502-564-4212
LOUISIANA	P O BOX 60630	NEW ORLEANS	70160	504-219-4500
MAINE	11 STATE HOUSE STATION, 244 WATER ST	AUGUSTA	04333-0011	207-287-3181
MARYLAND	6550 REISTERSTOWN RD, REISTERSTOWN RD PLAZA	BALTIMORE	21215	410-764-3038
MASSACHUSETTS	150 MT VERNON ST, 1 <sup>ST</sup> FLOOR	DORCHESTER	02125-3105	617-740-2600
MICHIGAN	P O BOX 30721	LANSING	48909	517-335-8666
MINNESOTA	P O BOX 64882	MINNEAPOLIS	55164-0882	651-201-5970
MISSISSIPPI	P O BOX 1700	JACKSON	39215-1700	601-576-7981
MISSOURI	P O BOX 570	JEFFERSON CITY	65102-0570	573-751-6400
MONTANA	P O BOX 4210	HELENA	59604	406-444-2685
NEBRASKA	P O BOX 95065	LINCOLN	68509-5065	402-471-2871
NEVADA	505 E KING ST #102	CARSON CITY	89701-4749	775-684-4242
NEW HAMPSHIRE	29 HAZEN DR	CONCORD	03301-6527	603-271-4650
NEW JERSEY	P O BOX 370	TRENTON	08625-0307	609-292-4087
NEW MEXICO	P O BOX 26110	SANTA FE	87502	505-827-2338
NEW YORK	CERTIFICATION UNIT POB 2602	ALBANY	12220-2602	518-474-3075
NEW YORK CITY	125 WORTH ST CN 4 RM 133	NEW YORK	100134090	212-788-4520
NORTH CAROLINA	1903 MAIL SERVICE CENTER	RALEIGH	27699-1903	919-733-3526
NORTH DAKOTA	600 E BOULEVARD AVE, DEPT 301	BISMARCK	58505-0200	701-328-2360
OHIO	POB 15098	COLUMBUS	43215-0098	614/466-2531R
OKLAHOMA	POB 53551	OKLAHOMA CITY	73152	405/271-4040
OREGON	POB 14050	PORTLAND	97293-0050	503/731-4095R
PENNSYLVANIA	POB 1528	NEW CASTLE	16103	724/656-3100
RHODE ISLAND	3 CAPITOL HILL RM 101	PROVIDENCE	02908-5097	401/222-2811
SOUTH CAROLINA	2600 BULL ST	COLUMBIA	29201	803/734-4830
SOUTH DAKOTA	600 E CAPITOL AVE	PIERRE	57501-2536	605/773-3355R
TENNESSEE	421 5 <sup>TH</sup> AVE N	NASHVILLE	37247-0450	615/741-1763
TEXAS	POB 12040	AUSTIN	78711-2040	512/458-7111R
UTAH	POB 141012	SALT LAKE CITY	84114-1012	801/538-6105R
VERMONT	POB 70	BURLINGTON	05402	802/863-7275
VIRGINIA	POB 1000	RICHMOND	23218-1000	804/662-6200
WASHINGTON	POB 9709	OLYMPIA	98507-9709	360/236-4300
WEST VIRGINIA	CAPITOL COMPLEX BLDG 3	CHARLESTON	25305	304/558-2931
WISCONSIN	POB 309	MADISON	53701	608/266-1371R
WYOMING	HATHAWAY BLDG	CHEYENNE	82002	307/777-7591



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## **How to Apply for Foreign Births and Deaths**

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**Consular Report of Birth Abroad (FS-240)** – A document issued by an American embassy or consulate reflecting the facts of a birth abroad of a child acquiring U.S. citizenship at birth through one or both parents. This record is acceptable as proof of birth and U.S. citizenship for all legal purposes. An original FS-240 is prepared only at an American consular office overseas while the child is under the age of 18.

**Certification of Report of Birth (DS-1350)** – If a birth was recorded in the form of a Consular Report of Birth, a Certification of Report of Birth (DS-1350) can be issued. The DS-1350 contains the same information as the Consular Report of Birth and is acceptable for all legal purposes. The DS-1350 is not issued overseas.

**Report of the Death of an American Citizen (OF-180)** – A document issued by an American embassy or consulate reflecting the facts of a death abroad of an American citizen. The document is based upon the local death certificate.

### **How To Apply For A Certified Copy**

**Births** The DS-1350 or a replacement FS-240 can be obtained by writing to:

Passport Correspondence Branch  
1111 19<sup>th</sup> Street, NW Suite 510  
Washington, D.C. 20524

A written request should include all pertinent facts of the occasion. For a birth, the request should include:

- (1) full name of child at birth (plus any adoptive names);
- (2) date and place of birth;
- (3) names of parents;
- (4) serial number of FS-240 (on FS-240s issued after November 1, 1990);
- (5) any available passport information;
- (6) signature of requestor and relationship to the subject, return address, and phone number;
- (7) a check or money order payable to the U.S. Department of State. The fee is \$20.00 for the first copy and \$10.00 for each additional copy of the DS-1350. The fee for one FS-240 is \$40.00.
- (8) notarized affidavit for a replacement FS-240 (if applicable).

Documents are issued only to the subject, subject's parents or legal guardian. Most requests can be processed within four (4) to eight (8) weeks. Overnight delivery can save approximately ten (10) days processing time. Overnight return via Federal Express is available for an additional fee or the requestor may provide a pre-paid air bill for the carrier of choice.

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## How to Apply for Foreign Births and Deaths (cont.)

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**Deaths** To obtain a copy of a “Report of the Death of an American Citizen Abroad” (OF-180) filed in 1960 or after, write to:

Passport Correspondence Branch  
1111 19<sup>th</sup> Street, NW Suite 510  
Washington, D.C. 20524

Fees are subject to change. Call the above telephone number for information.

Reports of death filed before 1960 can be obtained from the:

National Archives and Records Service  
Diplomatic Records Branch  
Washington DC 20408

Reports of deaths of persons serving in the Armed Forces of the United States (Army, Navy, Marines, Air Force, or Coast Guard) or civilian employees of the Department of Defense can be obtained from the:

National Personnel Records Center  
Military Personnel Records  
9700 Page Avenue  
St. Louis, Missouri 63132-5100

**The Passport Correspondence Office can be reached at (202) 955-0307 or 0308 for additional information.**

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## Internet Addresses and Other Genealogy Links

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<http://chfs.ky.gov/dph/vital/> - Kentucky Vital Statistics Home Page

<http://kentucky.gov/Pages/home.aspx> - Commonwealth of Kentucky Home Page

<http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm> - To find other states' Vital Statistics addresses and phone numbers; also many national statistics found from this home page

<http://ukcc.uky.edu/~vitalrec/> - This is a hookup from University of Kentucky for looking up Death Certificates from 1911 through 1992; Marriage Certificates from 1973 through 1993; Divorce Certificates from 1973 through 1993.

<http://www.kdla.ky.gov/research/recordsdescriptions.htm> – Kentucky Department of Libraries & Archives

[http://history.ky.gov/Research/FAQs\\_Vital\\_Statistics.htm](http://history.ky.gov/Research/FAQs_Vital_Statistics.htm) - Kentucky Historical Society

[www.kentucky.gov/vitalrecords](http://www.kentucky.gov/vitalrecords) - To order certificates over the Internet

<http://www.lrc.state.ky.us/home.htm> - Kentucky Legislature Home Page

<http://ssdi.genealogy.rootsweb.com/cgi-bin/ssdi.cgi> - Social Security Death Index

<http://ssdligenealogy.rootweb.com/cgi-bin/ssdi.cgi> - Genealogical site

<http://www.lds.org/Familysearch.org/> - Family History Centers of the Church of Jesus Christ of Latter-day Saints. Call 800-346-6044 to find the nearest center.

<http://members.aol.com/dianahome/column13.htm> - Genealogy Department, Allen County Public Library, one of the largest Genealogy Departments in the US

<http://www.archives.gov/index.html> - The National Archives and Records Administration. A depository for federal records such as census, immigration, and military files.

<http://www.ngsgenealogy.org/> - National Genealogical Society

COUNTY CODE	COUNTY	FACILITY CODE	FACILITY
001	ADAIR	119	WEST CUMBERLAND HOSPITAL
002	ALLEN	108	THE MEDICAL CENTER AT SCOTTSVILLE
005	BARREN	128	T J SAMPSON COMMUNITY HOSPITAL
007	BELL	89	PINEVILLE COMMUNITY HOSPITAL
007	BELL	69	MIDDLESBORO ARH
008	BOONE	103	SAINT LUKE HOSPITAL WEST
009	BOURBON	11	BOURBON COMMUNITY HOSPITAL
010	BOYD	52	KINGS DAUGHTERS MEDICAL CENTER
011	BOYLE	29	EPHRAIM MCDOWELL
013	BREATHITT	48	KENTUCKY RIVER MEDICAL CENTER
014	BRECKINRIDGE	12	BRECKINRIDGE MEMORIAL HOSPITAL
017	CALDWELL	13	CALDWELL COUNTY HOSPITAL INC
018	CALLOWAY	73	MURRAY CALLOWAY COUNTY HOSPITAL
019	CAMPBELL	102	SAINT LUKE HOSPITAL EAST
021	CARROLL	16	CARROLL COUNTY MEMORIAL HOSPITAL
023	CASEY	17	CASEY COUNTY HOSPITAL
024	CHRISTIAN	46	JENNIE STUART MEDICAL CENTER
024	CHRISTIAN	121	WESTERN STATE HOSPITAL
025	CLARK	21	CLARK REGIONAL MEDICAL CENTER
026	CLAY	68	MEMORIAL HOSPITAL
026	CLAY	129	MANCHESTER MEMORIAL HOSPITAL
026	CLAY	90	RED BIRD MISSION HOSPITAL
027	CLINTON	22	CLINTON COUNTY HOSPITAL
028	CRITTENDEN	26	CRITTENDEN HEALTH SYSTEMS
029	CUMBERLAND	27	CUMBERLAND COUNTY HOSPITAL
030	DAVISS	84	OWENSBORO MEDICAL HEALTH SYSTEM
033	ESTILL	60	MARCUM AND WALLACE MEMORIAL HOSPITAL
034	FAYETTE	28	EASTERN STATE HOSPITAL
034	FAYETTE	19	CENTRAL BAPTIST HOSPITAL
034	FAYETTE	94	SAMARITAN HOSPITAL
034	FAYETTE	95	SHRINERS HOSPITAL
034	FAYETTE	100	SAINT JOSEPH EAST
034	FAYETTE	101	SAINT JOSEPH HOSPITAL
034	FAYETTE	113	UNIVERSITY OF KENTUCKY HOSPITAL
034	FAYETTE	115	VA CKK
034	FAYETTE	116	VA LDD
035	FLEMING	31	FLEMING COUNTY HOSPITAL
036	FLOYD	65	MCDOWELL
036	FLOYD	41	HIGHLANDS REGIONAL MEDICAL CENTER
036	FLOYD	83	OUR LADY OF THE WAY HOSPITAL
037	FRANKLIN	33	FRANKFORT REGIONAL MEDICAL CENTER
038	FULTON	85	PARKWAY REGIONAL MEDICAL CENTER
040	GARRARD	35	GARRARD COUNTY MEMORIAL HOSPITAL
041	GRANT	98	ST ELIZABETH MEDICAL CENTER GRANT CO.
042	GRAVES	43	JACKSON PURCHASE MEDICAL CENTER
043	GRAYSON	111	TWIN LAKES REGIONAL MEDICAL CENTER
044	GREEN	44	JANE TODD CRAWFORD MEMORIAL HOSPITAL
045	GREENUP	82	OUR LADY OF BELLEFONTE HOSPITAL
047	HARDIN	42	IRELAND ARMY COMMUNITY HOSPITAL
047	HARDIN	37	HARDIN MEMORIAL HOSPITAL
048	HARLAN	38	HARLAN ARH
049	HARRISON	39	HARRISON MEMORIAL HOSPITAL
050	HART	18	CAVERNA MEMORIAL HOSPITAL

COUNTY CODE	COUNTY	FACILITY CODE	FACILITY
051	HENDERSON	24	METHODIST HOSPITAL
053	HICKMAN	23	CLINTON HICKMAN COUNTY HOSPITAL
054	HOPKINS	91	REGIONAL MEDICAL CENTER HOPKINS CO.
056	JEFFERSON	76	NORTON HEALTHCARE PAVILION
056	JEFFERSON	77	NORTON HOSPITAL AUDUBON
056	JEFFERSON	78	NORTON HOSPITAL SOUTHWEST
056	JEFFERSON	79	NORTON HOSPITAL SUBURBAN
056	JEFFERSON	117	VETERANS HOSPITAL
056	JEFFERSON	114	UNIVERSITY OF LOUISVILLE HOSPITAL
056	JEFFERSON	124	OTHER
056	JEFFERSON	125	NORTON HOSPITAL
056	JEFFERSON	20	CENTRAL STATE HOSPITAL
056	JEFFERSON	14	CARITAS MEDICAL CENTER
056	JEFFERSON	15	CARITAS PEACE CENTER
056	JEFFERSON	4	ALLIANT NORTON HOSPITAL
056	JEFFERSON	6	BAPTIST HOSPITAL EAST
056	JEFFERSON	54	KOSAIR CHILDRENS HOSPITAL
056	JEFFERSON	51	KINDRED
058	JOHNSON	87	PAUL B HALL REGIONAL MEDICAL CENTER
059	KENTON	97	SAINT ELIZABETH MEDICAL CENTER NORTH
059	KENTON	130	SAINT ELIZABETH MEDICAL CENTER SOUTH
059	KENTON	25	COVINGTON KENTON CO. TB SANATORIUM
061	KNOX	53	KNOX COUNTY HOSPITAL
063	LAUREL	64	MARYMOUNT MEDICAL CENTER
064	LAWRENCE	109	THREE RIVERS MEDICAL CENTER
066	LESLIE	62	MARY BRECKINRIDGE HOSPITAL
067	LETCHER	45	JENKINS COMMUNITY HOSPITAL
067	LETCHER	122	WHITESBURG ARH
069	LINCOLN	32	FORT LOGAN HOSPITAL
070	LIVINGSTON	56	LIVINGSTON HOSP. AND HEALTHCARE SERV
057	LOGAN	57	LOGAN MEMORIAL HOSPITAL
072	LYON	49	KY. STATE PENITENTIARY MEDICAL CLINIC
076	MADISON	9	BEREA HOSPITAL
076	MADISON	134	PATTIE A CLAY REGIONAL MEDICAL CENTER
078	MARION	80	SPRING VIEW HOSPITAL
079	MARSHALL	61	MARSHALL COUNTY HOSPITAL
081	MASON	67	MEADOWVIEW REGIONAL MEDICAL CENTER
073	MCCRACKEN	073	LOURDES HOSPITAL
073	MCCRACKEN	120	WESTERN BAPTIST HOSPITAL
075	MCLEAN	66	MCLEAN COUNTY GENERAL HOSPITAL INC
084	MERCER	106	THE JAMES B HAGGIN MEMORIAL HOSPITAL
086	MONROE	70	MONROE COUNTY MEDICAL CENTER
087	MONTGOMERY	63	MARY CHILES HOSPITAL
088	MORGAN	71	MORGAN COUNTY ARH
089	MUHLENBERG	72	MUHLENBERG COMMUNITY HOSPITAL
090	NELSON	30	FLATET MEMORIAL HOSPITAL
091	NICHOLAS	75	NICHOLAS COUNTY HOSPITAL
092	OHIO	81	OHIO COUNTY HOSPITAL
093	OLDHAM	7	BAPTIST HOSPITAL NORTHEAST
093	OLDHAM	59	MALLORY TAYLOR MEMORIAL HOSPITAL
093	OLDHAM	50	KY. STATE REFORMATORY HOSPITAL
094	OWEN	74	NEW HORIZONS MEDICAL CENTER
097	PERRY	5	ARH REGIONAL MEDICAL CENTER HAZARD
098	PIKE	88	PIKEVILLE METHODIST HOSPITAL OF KY.

COUNTY CODE	COUNTY	FACILITY CODE	FACILITY
098	PIKE	135	PIKEVILLE MEDICAL CENTER
098	PIKE	123	WILLIAMSON ARH
098	PIKE	127	PIKEVILLE UNITED METHODIST HOSPITAL
100	PULASKI	55	LAKE CUMBERLAND REGIONAL HOSPITAL
102	ROCKCASTLE	92	ROCKCASTLE HOSPITAL
103	ROWAN	96	SAINT CLAIRE MEDICAL CENTER
104	RUSSELL	93	RUSSELL COUNTY HOSPITAL
105	SCOTT	36	GEORGETOWN COMMUNITY HOSPITAL
106	SHELBY	47	JEWISH HOSPITAL SHELBYVILLE
107	SIMPSON	34	FRANKLIN SIMPSON MEDICAL CENTER
109	TAYLOR	105	TAYLOR REGIONAL HOSPITAL
111	TRIGG	110	TRIGG COUNTY HOSPITAL
113	UNION	112	UNION COUNTY METHODIST HOSPITAL
114	WARREN	107	THE MEDICAL CENTER
114	WARREN	40	GREENVIEW REGIONAL HOSPITAL
116	WAYNE	118	WAYNE COUNTY HOSPITAL INC
118	WHITLEY	8	BAPTIST REGIONAL MEDICAL CENTER
120	WOODFORD	10	BLUEGRASS COMMUNITY HOSPITAL

COMMONWEALTH OF KENTUCKY  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
**OFFICE OF VITAL STATISTICS**

\_\_\_\_\_ **County Health Department**

PERMIT FOR DISINTERMENT AND REINTERMENT IN THE SAME CEMETERY

Permission is hereby granted for disinterment and reinterment of the remains of the individual listed below. This permit is issued solely to authorize the transfer of these human remains from one gravesite to another gravesite in the **same** cemetery. The Sexton of the cemetery or, if there is no sexton, the person or firm responsible for the transfer, must certify the dates of disinterment and reinterment, and return this permit to the Local Registrar within ten days following reinterment.

If disinterment and reinterment do not both occur between sunrise and sunset of the same day, explain below the reason for the delay, and the location of the body during the interval between disinterment and reinterment.

Name of deceased:\_\_\_\_\_ Age at death:\_\_\_\_\_

Name of cemetery:\_\_\_\_\_

Name and address of person or firm responsible:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The person or firm listed above has provided a court order or written next of kin permission.

Local Registrar Signature:\_\_\_\_\_ Date:\_\_\_\_\_

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This is to certify that the remains identified above were disinterred on \_\_\_\_\_ and reinterred on \_\_\_\_\_ and that the work was performed under the direction of \_\_\_\_\_.

(Responsible Party/Sexton Signature)\_\_\_\_\_

-----  
This permit, properly endorsed by the sexton, was returned to my office for permanent retention on\_\_\_\_\_.

Local Registrar Signature\_\_\_\_\_ Date:\_\_\_\_\_

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NOTES:\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMONWEALTH OF KENTUCKY  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
OFFICE OF VITAL STATISTICS

APPLICATION FOR PERMIT TO DISINTER AND REINTER IN SAME CEMETERY

\_\_\_\_\_ County Health Department/Center  
\_\_\_\_\_ Kentucky

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Age at Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_ Date(s) of Removal: \_\_\_\_\_

Name and Address of Responsible Person or Firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information above is accurate and complete to the best of my knowledge; that the next of kin (See note below) have requested this disinterment in writing or the disinterment is authorized by court order and will provide such upon request by the Registrar; and I am familiar with, and will abide by all applicable laws and regulations relating to the burial of human remains and disinterment procedures.

\_\_\_\_\_  
(Requestor's Signature) \_\_\_\_\_ (Date)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_  
(Local Registrar Signature)

- NOTE: 1. If reinterment is to be in a different cemetery or a different method of disposal is planned, the permit must be obtained from the State Registrar.
2. When there is more than one member of the same class of kin, ALL members of that Class must agree to the disinterment. A spouse who remarries does not lose thereby next of kin status.

**INSTRUCTIONS FOR LOCAL DISINTERMENT PERMIT**

Applicant completes the local disinterment application and returns to the county health department in which the disinterment/reinterment will occur.

Local Registrar makes sure the application is complete and that the applicant has either a court order or written permission from all same classes of next of kin. IF not the permit is not issued.

Local Registrar completes the Permit for Disinterment and Reinterment in same cemetery.

Registrar stamps the permit with the raised seal for the county, and makes a copy of the permit for retention until the permit is returned completed by responsible parties.

Once the reinterment has occurred, registrar affixes original permit to application for permanent retention.



COMMONWEALTH OF KENTUCKY  
**CABINET FOR HEALTH AND FAMILY SERVICES**  
OFFICE OF VITAL STATISTICS

APPLICATION FOR DISINTERMENT PERMIT

Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
Present Grave Site (Cemetery): \_\_\_\_\_  
Town, City, State: \_\_\_\_\_  
New Grave Site (Cemetery): \_\_\_\_\_  
Town, City, State: \_\_\_\_\_  
Date of Removal: \_\_\_\_\_

I hereby certify that the information above is accurate and complete to the best of my knowledge; that the next-of-kin (See note 3) have requested this disinterment in writing or the disinterment is authorized by court order (a copy of such **MUST** be attached to this application); and I am familiar with, and will abide by, all applicable laws and regulations relating to the establishment and abandonment of cemeteries and the custody, transportation, and disposal of human remains.

Name of Responsible Person or Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

License Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

NOTES:

- (1) Information required above may be submitted as an attachment to this application if the contents of more than one grave are to be moved. All unidentified gravesites in the same cemetery may be listed as a single entry, i.e., six unknown Bethel Cemetery.
- (2) If reinterment is to be in the original grave or cemetery, a disinterment-reinterment permit may be obtained from the Local Registrar at the County Health Department.
- (3) When there is more than one member of the same class of kin, **ALL** members of that class must agree to the disinterment. A spouse who remarries does not lose next-of-kin status.
- (4) The permit does not affect the rights of any interested party to object to the disinterment.

**A COPY OF NEXT-OF-KIN PERMISSION OR COURT ORDER  
MUST BE ATTACHED TO THIS APPLICATION.**

**NEXT-OF-KIN CLARIFICATION LETTER &  
PERMISSION TO DISINTER AND REINTER HUMAN REMAINS**

Name of Deceased: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Present Grave Site: \_\_\_\_\_

New Grave Site: \_\_\_\_\_

Class of Next-of-Kin to Deceased: \_\_\_\_\_  
(Wife, Husband, Parent(s), Children, Brother, Sister, etc.)

The paramount right is in the surviving spouse, if the parties were living in the normal relations of marriage. It will require a very strong case to justify a court in interfering with the wish of the survivor.

If there is no surviving spouse, the right is in the next line of kin in the order of their relation to the decedent in the following order:

1. **Children of proper age (18).** Must have permission of all children above age 18.
2. **Parents**-Both parents; if one is deceased please state on above mentioned line.
3. **Brother(s) and/or sister(s)**-must have permission of all living brothers and sisters above age 18.
4. **More distant kin**-modified, it may be by circumstances of special intimacy or association with the decedent.

I (We), the undersigned being the next of kin of the above-mentioned deceased, do hereby certify that the information above is accurate and complete to the best of my (our) knowledge and being the next of kin do hereby this date request that the above mentioned deceased be disinterred from the present resting place and re-interred at the above-mentioned cemetery. I (We) do hereby give permission to

\_\_\_\_\_ of \_\_\_\_\_, KY.,  
(Responsible Party, i.e. Funeral Home, etc.) (City, Town or County)

to complete said disinterment and re-interment in accordance with the law and do hereby hold this establishment harmless from any liability that may arise from such procedures.

\_\_\_\_\_  
Next of Kin

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Next of Kin

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Next of Kin

\_\_\_\_\_  
Next of Kin

Dated this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires